

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

091751331 -
APPLICANT(S)

FILING DATE

12-29-00

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10	1			
11		1		
12		1		
13		1		
14		1		
15		1		
16		1		
17		1		
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49				
50				
TOTAL IND.	2			
TOTAL DEP.	22			
TOTAL CLAIMS	24			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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